## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of: Peter J. Kaehler, et al.

Title: BENEFIT MANAGEMENT

Attorney Docket No.: 110.0010001

## PATENT APPLICATION TRANSMITTAL

## MS PATENT APPLICATION

Commissioner for Patents P.O. BOX 1450

Alexandria, VA 22313-1450

We are transmitting herewith the following attached items and information (as indicated with an "X"):

- $\frac{\mathbf{X}}{\mathbf{X}}$ Return Postcard
- Utility Patent Application under 37 C.F.R. §1.53(b) comprising:
  - Specification (35 pgs., including claims numbered 1 through 34 and a 1 page abstract).
  - X Formal Drawing(s) (12 sheets).
  - Signed Combined Declaration and Power of Attorney (2 pgs.).
  - Check in the amount of \$597.00 to pay the filing fee.
- Assignment of the invention to *Healthcare Finance Solutions, Inc.* (7 pgs.) and Recordation Form  $\underline{\mathbf{X}}$ Cover Sheet.
- Check in the amount of \$40.00 to pay the Assignment Recordation Fee.
- Information Disclosure Statement (1 pgs.), Form 1449 (1 pgs.)

The filing fee has been calculated below as follows:

•	The filling fee has	occii calcalatea oci	ow as follows.	
	No. Filed	No. Extra	Rate	Fee
TOTAL CLAIMS	34-20	14	9	\$126.0
INDEPENDENT CLAIMS	5-3	2	43	\$86.00
FILING FEE				\$385.00
[  MULTIPLE DEPENDENT	Γ CLAIMS PRESE	NTED		
TOTAL				\$597.00

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The undersigned hereby certifies that this paper and/or fee is being deposited via "Express Mail" on the date indicated above with the United States Postal Service pursuant to 37 C.F.R. 1.10, and is addressed to: MS PATENT APPLICATION, Commissioner for Patents, P.O. BOX 1450, Alexandria, VA 22313-145Q

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